PRINTED: 10/19/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN5719HHA 09/10/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1380 GREG STREET, SUITE 233 VRN HOME HEALTH, INC **SPARKS. NV 89431** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H 00 **INITIAL COMMENTS** H 00 Surveyor: 22048 This Statement of Deficiencies was generated as a result of an Initial State Licensure Survey conducted in your facility on September 10, 2009, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. personnel files were reviewed. The following deficiencies were identified: H128 449.770 Governing Body; Bylaws H128 SS=C 3. The governing body shall appoint an advisory group of professional personnel, including one or more members who are practicing physicians, one or more professional registered nurses and representatives from other professional disciplines as indicated by the scope of the agency's program. This Regulation is not met as evidenced by: Surveyor: 22048 Based on document review and staff interview,

health aide representation.

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

the agency failed to appoint members to the advisory group of professional personnel that included representatives from the professional disciplines as indicated by the scope of the

1. The professional advisory group did not include occupational therapy, speech therapy or home

agency's program.

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H140 449.779 Professional Advisory Group

1. The professional advisory group must be appointed by the governing body and shall assist in establishing written policies covering skilled nursing, other therapeutic services and other aspects of professional health. These policies must be reviewed at least annually and revised

SS=C

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FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVN5719HHA 09/10/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1380 GREG STREET, SUITE 233 VRN HOME HEALTH, INC **SPARKS. NV 89431** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) H140 Continued From page 2 H140 as necessary, and must cover the following: (a) The scope of services offered; (b) Administrative records; (c) Personnel qualifications and responsibilities; and (d) The evaluation of programs. This Regulation is not met as evidenced by: Surveyor: 22048 Based on document review and staff interview, the agency failed to provide for review of the policies and procedures by the professional advisory group as required by statute. H141 H141 449.779 Professional Advisory Group SS=C 2. The professional advisory group must include at least one member who is a practicing physician, one professional registered nurse, representatives from other professional disciplines as indicated by the scope of the agency's program and two members who are representatives of the general public served by the agency. At least one member of the advisory group may not be an owner or employee of the agency. The administrator or his designee shall attend all meetings of the advisory group. This Regulation is not met as evidenced by: Surveyor: 22048 Based on document review and staff interview, the agency failed to include on the professional advisory group representatives from all professional disciplines as indicated by the scope of the agency's program.

1. There were no representatives for occupational therapy, speech therapy or home health aide.

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If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the

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specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present,

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AND PLAN OF CORRECTION IDENTIFICATION NU		(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER VRN HOME HEALTH, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 GREG STREET, SUITE 233 SPARKS, NV 89431				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMAT			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE		COMPLETE
H154	the employee shall be evaluated for tuberculosis Based on record review it was determined that 4 of 8 employees did not have evidence of TB testing in accordance with NAC 441.A. (Employees #1, 6, 7 and 8) Based on record review it was determined that 1 of 8 employees did not have evidence a physical examination or certification from a licensed physician that the person was in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage in accordance with NAC 441.A. (Employee #5)		nat 4 nat 1 vsical good any	H154			
H179 SS=C			s are : ew,	H179			
H180 SS=C	6. The governing boo quarterly review of 10 patients who have re preceding 3 months members of the com administrative repres registered nurse and		hte Γhe	H180			

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If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Surveyor: 22048

requirements stated in statute.

Based on document review and staff interview, the agency failed to establish a policy for injectable narcotics that covered all the